

during its deliberations on other Medicare reform initiatives. Between 1995 and 1996, large numbers of seniors received double-digit increases in their MediGap premiums. These increases were far in excess of Social Security cost-of-living increases and varied dramatically across States. In my own State of West Virginia, MediGap policies sold by the Prudential Insurance Co. increased by 17 percent between 1995 and 1996. In Ohio, premiums increased by 30 percent and in California by 37 percent.

Congress has considerable history in trying to guarantee at least a minimal level of value across all MediGap policies. Under the current law, individual and group MediGap policies must spend at least 65 and 75 percent, respectively, of all premium dollars collected, on benefits. If a MediGap plan fails to meet these minimum loss ratios, they must issue refunds or credits to their customers.

Mr. President, while Federal loss ratio standards help assure a minimum level of value, they do not prevent insurance companies from annually upping premiums as a senior ages. This practice, known as attained age-rating, results in the frailest and the lowest income seniors facing large, annual premium hikes as they age. I would hope that more States would follow the lead of the 10 States that have already banned attained age-rating. This would vastly improve the affordability of MediGap for the oldest and frailest of our seniors.

Mr. President, to repeat what I said last year, our bill is a targeted, modest, proposal. But it would provide very real and very significant help to millions of Medicare beneficiaries who, year in and year out, pay out billions of dollars in premiums to have peace of mind when it comes to the cost of their health care. It is wrong and unfair when senior and disabled citizens in West Virginia and across the country are suddenly dropped by insurers or denied a MediGap policy just because they move to another State, or their employer cuts back on promised retiree health benefits, or because they're disabled.

Mr. President, it is always a pleasure to be working on legislation with the Senator from Rhode Island. Senator CHAFEE has a long, impressive, and, more important, successful record in enacting legislation that has helped millions of seniors, children, and disabled. I urge my colleagues to join Senators JEFFORDS, FRIST, and COLLINS in cosponsoring this bill, and to help us extend more of the health care peace of mind that older and disabled Americans ask for and deserve.

By Mr. ABRAHAM (for himself and Mr. LEVIN):

S. 303. A bill to waive temporarily the Medicare enrollment composition rules for the Wellness Plan; to the Committee on Finance.

MEDICARE WAIVER FOR THE WELLNESS PLAN OF DETROIT, MI

Mr. ABRAHAM. Mr. President, at the end of the last Congress I expressed my disappointment at the unwillingness of this body and the other Chamber to move legislation that I believe is important to the health care of the people of Michigan. Today I rise along with my colleague from Michigan, Senator LEVIN, to reintroduce our legislation providing a Medicare 50/50 enrollment composition rule waiver for the Wellness Plan of Detroit, MI.

The Wellness Plan is a federally certified Medicaid health maintenance organization located in Detroit, MI. It has approximately 150,000 enrollees—roughly 140,000 of whom are Medicaid, while only about 2,000 are Medicare beneficiaries. Since 1993, the Wellness Plan has had a health care prepayment plan contract with Medicare. However, technical changes enacted by Congress effective January 1, 1996, unintentionally prevent the Wellness Plan from enrolling additional Medicare beneficiaries under the HCPP contract. So the Wellness Plan is positioned to become a full Medicare risk contractor, it currently is precluded from doing so due to the 50/50 Medicare enrollment composition rule.

Mr. President, it is important to note that even the Health Care Financing Administration has supported the Wellness Plan receiving this plan-specific 50/50 waiver. We also expect a companion bill to be introduced in the other Chamber shortly, and we expect it to be cosponsored by the entire Michigan delegation.

Because this legislation is essentially noncontroversial, affects only the State of Michigan, and is supported by the entire State delegation, it is our earnest hope that the Senate will act on this measure as expeditiously as possible. There is no rational justification for preventing the Wellness Plan from enrolling new Medicare beneficiaries into its health plan. If our goal is to allow a wider variety of options and choices of health care plans for our seniors, a good place to start is to allow those Michigan residents who wish to join this particular health maintenance organization to be able to do so.

Mr. President, I wish to thank my friend and colleague from Michigan, Senator CARL LEVIN, for once again supporting and helping me with this effort. I look forward to working with him to see that this measure which has such broad support in Michigan becomes enacted in the very near future.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 203

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WAIVER OF MEDICARE ENROLLMENT COMPOSITION RULES FOR THE WELLNESS PLAN.

The requirements of section 1876(f)(1) of the Social Security Act (42 U.S.C. 1395mm(f)(1)) are waived with respect to Comprehensive Health Services, Inc. (doing business as The Wellness Plan) for contract periods through December 31, 2000.

• Mr. LEVIN. Mr. President, today I am joining with my colleague Senator ABRAHAM in introducing legislation that would provide the Wellness Plan of Michigan with a Medicare 50/50 enrollment composition rule waiver. I was disappointed that Congress did not enact this waiver last session as the Wellness Plan is the prototype for the type of health maintenance organization into which many Medicare beneficiaries will want to enroll. It is my hope that the Senate will act expeditiously on this legislation so that Michigan Medicare beneficiaries may have the opportunity to enroll in this well-established, quality plan. •

ADDITIONAL COSPONSORS

S. 206

At the request of Mr. REID, the name of the Senator from Louisiana [Mr. BREAU] was added as a cosponsor of S. 206, a bill to prohibit the application of the Religious Freedom Restoration Act of 1993, or any amendment made by such act, to an individual who is incarcerated in a Federal, State, or local correctional, detention, or penal facility, and for other purposes.

S. 251

At the request of Mr. SHELBY, the name of the Senator from Nebraska [Mr. HAGEL] was added as a cosponsor of S. 251, a bill to amend the Internal Revenue Code of 1986 to allow farmers to income average over 2 years.

S. 277

At the request of Mr. COCHRAN, the name of the Senator from North Carolina [Mr. FAIRCLOTH] was added as a cosponsor of S. 277, a bill to amend the Agricultural Adjustment Act to restore the effectiveness of certain provisions regulating Federal milk marketing orders.

S. 294

At the request of Mrs. HUTCHISON, the names of the Senator from Arizona [Mr. MCCAIN], the Senator from Missouri [Mr. ASHCROFT], the Senator from Alaska [Mr. STEVENS], the Senator from New Hampshire [Mr. SMITH], and the Senator from North Carolina [Mr. FAIRCLOTH] were added as cosponsors of S. 294, a bill to amend chapter 51 of title 18, United States Code, to establish Federal penalties for the killing or attempted killing of a law enforcement officer of the District of Columbia, and for other purposes.

SENATE RESOLUTION 52—CONCERNING THE NEED TO ADDRESS THE CURRENT MILK CRISIS

Mr. SPECTER (for himself, Mr. SANTORUM, Mr. FEINGOLD, Mr. KOHL,